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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/3/2014 8:20 AM

Fee Receipt: \$40.00 **COMMONWEALTH OF KENTUCKY** ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limited Liability Comp	oany	PLO	
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to qualify and for tha	t purpose submits	s the following statements	
Article I: The name of the profes	sional limited liability company is			
Tara A. Fein PLLC				
Article II: The street address of t	ne professional limited liability company's initial re	egistered office in	Kentucky is	
2027 Blvd Napoleon	Louisville	KY	40205	
Street Address Only (No Post Office B	Annual Control of the	State	Zip Code	
and the name of the initial registe	red agent at that office is Tara Fein			
Article III: The mailing address o	f the professional limited liability company's initia	I principal office is		
2027 Blvd Napoleon	Louisville	KY	40205	
Street Address or Post Office Box Nur	nber City	State	Zip Code	
Article IV: The professional limite	ed liability company is to be managed by (must cl	neck one):		
A. a manager(s).	B. its member(s	B. its member(s).		
Article V: The profession to be p	racticed through the professional limited liability of	company:		
Attorney				
	effective upon filing, unless a delayed effective of cannot be prior to the date the application is file			
I/We declare under penalty of pe	rjury under the laws of the state of Kentucky that	the foregoing is tr		
Ton X Fr	Tara Fein	Fein 11/03/2014		
Signature of Organizer	Printed Name	D	ate	
Signature of Organizer	Printed Name	D	ate	
Signature of Organizer	Printed Name	<u> </u>	ate	
Tara Feun Print Name of Registered Agenta	, consent to serve as the registe	red agent on behalf o	f the limited liability company.	
Thirt raile of Registered Agents	Tara Fein	,	11/03/2014	
Signature of Registered Agent	Printed Name	D	ate	